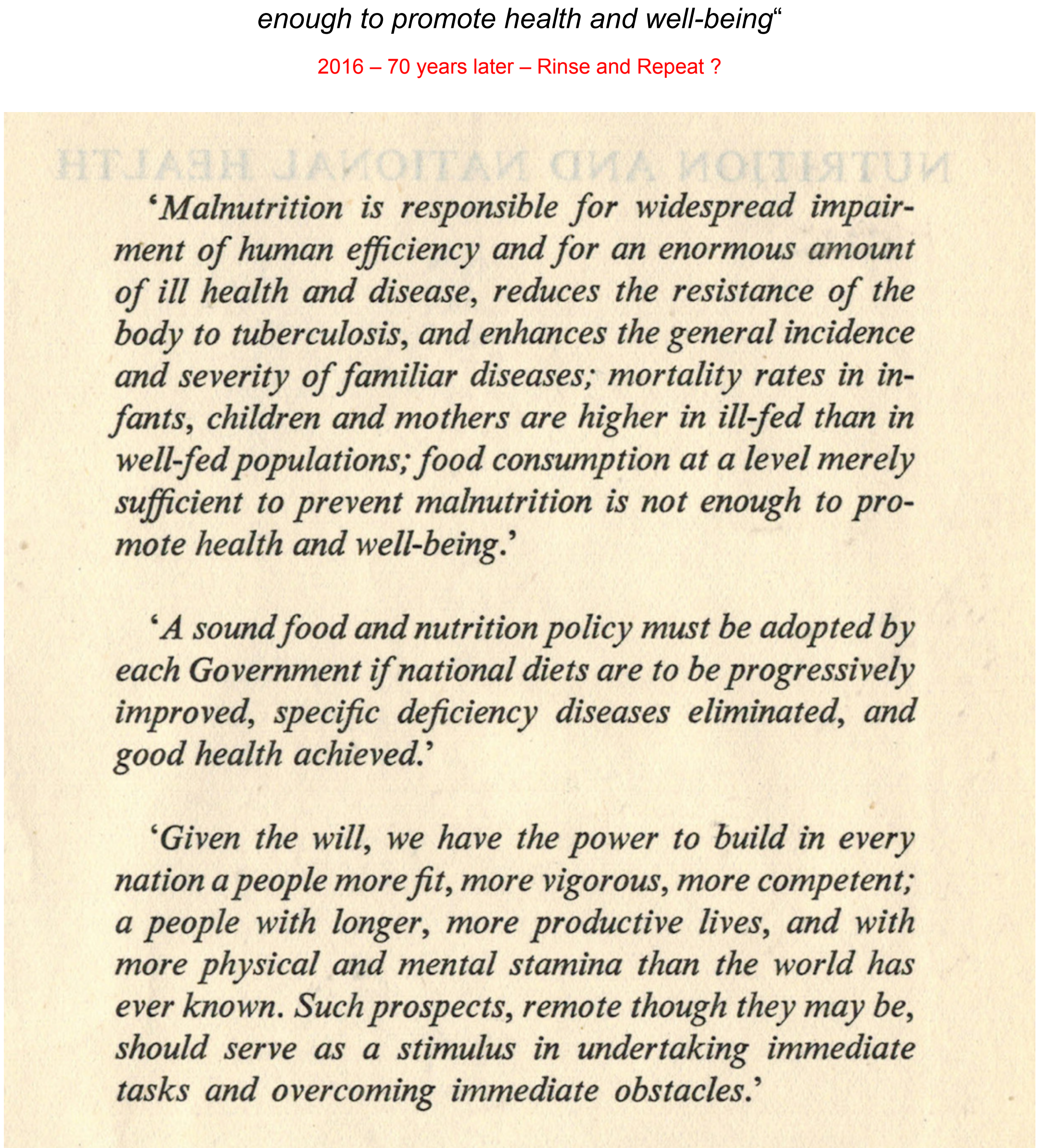
National Health and Nutrition

Aspirations past and present – "Building an 'A1' Nation"

The Aspiration of a UN Conference in 1943

> *"to build in every nation a people more fit, more vigorous, more competent, a people with longer more productive lives, and with more physical and mental stamina than the world has ever known"*
>
> *"Food consumption at a level merely sufficient to prevent malnutrition is not enough to promote health and well-being"*

2016 – 70 years later – Rinse and Repeat ?



'Malnutrition is responsible for widespread impairment of human efficiency and for an enormous amount of ill health and disease, reduces the resistance of the body to tuberculosis, and enhances the general incidence and severity of familiar diseases; mortality rates in infants, children and mothers are higher in ill-fed than in well-fed populations; food consumption at a level merely sufficient to prevent malnutrition is not enough to promote health and well-being.'

'A sound food and nutrition policy must be adopted by each Government if national diets are to be progressively improved, specific deficiency diseases eliminated, and good health achieved.'

'Given the will, we have the power to build in every nation a people more fit, more vigorous, more competent; a people with longer, more productive lives, and with more physical and mental stamina than the world has ever known. Such prospects, remote though they may be, should serve as a stimulus in undertaking immediate tasks and overcoming immediate obstacles.'

Report of the United Nations Conference on Food and Agriculture, Hot Springs, Virginia, United States of America, 18th May-3rd June 1943.

Highly processed foods are for a host of reasons arguably obesogenic, and for many people they are all that are easily available. ***(Food Deserts Video Link)***

But arguably those well intention policies to provide cheap food, the effects of which still echo today in the agricultural subsidy strategies of many governments, whilst providing cheap food have lead to a drastic decline in the nutritional quality of many products.

In the words of Emily Northrop in a paper titled "Economic Cost of the Western Diet" **(Link)**

"The multi-billion-dollar government programs that subsidize agriculture provide relatively little support for the nutritious foods that are underrepresented in the diet, namely, vegetables, fruits, and nuts. Instead, the programs focus on a small number of crops . . ."

The government payments to these large farms reduce the market prices of these commodities. As a consequence, the sugars and oils derived from corn and soy beans have become cheap and prevalent ingredients for food processors that enhance not only the potability but also the caloric content of their products.

Because the subsidies are financed out of the federal governments general funds, taxpayers are subsidizing those who produce and consume these calorie-dense products, which prominently include sweetened beverages.". . .

The processing and marketing of energy-dense foods further contribute to their affordability. Added fats and sugars are cheap to process in large part because these ingredients can be reliably and uniformly produced in mass quantities. And as distinct from a fresh strawberry and other fresh foods, preservatives can be added that significantly extend the shelf life of the highly processed foods. This reduced rate of spoilage is also significant to the diets affordability. Processed foods are typically packaged, which further help preserve the products and make them cheaper to transport and store. Because they are less perishable, they do not require refrigeration,another significant cost saving to the food producer that contributes to a lower purchase price for consumers."

Maize is undoubtedly an important staple food that sustained health native American peoples for generations. Use of the above excerpt is not intended as criticism of farmers or food producers who do their best within the framework that has been provided, but a plea for a new vision that recognizes that nutrients are key to human health, and nutrient damaged and or depleted cheap food that leads to ill-health, or ends up in the trash can because we can, is not value for consumers or nations.

The Foreword sets the scene with the 1943 bold and admirable UN declaration that:

"The first essential of a decent standard of living is the provision to all men of those primary necessities which are required to promote freedom from disease, and for the attainment of good health" and "that the most fundamental of these necessities is adequate food"

The words that are arguably missing in relation to food from the above are ***'nutrient dense' and 'healthy'***.

Those in more prosperous parts of the world now have more than adequate calories, but are deficient in nutrients, in large part because cheap common foods are nutrient depleted, which will negatively impact health, promoting the 'Western' non-communicable diseases that have become so prevalent manifesting at ever earlier ages.

Major-General Sir Robert McCarrison C.I.E, M.D, D.Sc. LL.D F.R.C.P
Formerly Director of Research on Nutrition, India

Sir Robert had a unique perspective based on a diverse largely 'pre-westernised' population:

"For one whose work has lain in India, and who for more than twenty years has been engaged in a study of the relation of faulty food to disease, the belief that such food is of paramount importance in the causation of disease amounts to certainty. "

"it may be said that the two chief causes of disease are faulty food and dirt. These two are the senior partners in the criminal business of disease-production—each the coadjutor of the other."

This is list of the conditions found in poorly nourished compared to well nourished laboratory rats.

The record of Major-General Sir Robert McCarrison Cantor lecture on National Health and Nutrition (Full Free PDF below) includes the following:

'He (McCarrison) is unquestionably right in insisting that vitamin-deficiency and it must be remembered that he stresses at every turn the importance of recognizing the widespread occurrence of mild deficiency is directly or indirectly responsible for a very large proportion of ill health to-day.' And in his Lane Medical Lectures, a year later, he repeats with even greater emphasis the same assertion. It is not only amongst the poorer classes in this country, but also amongst those who are better off, that the diet is commonly excessively rich in vitamin-poor, mineral poor starchy foods and in protein-less, vitamin-less, mineral-less sugar."

Whilst the lecture refers to vitamin deficiency, we know know other nutrients are also essential to health, and we are beginning to appreciate the importance of plant antioxidants to lipid and wider cellular protection.

Since the time of McCarrison the level of processing of foods, including to improve shelf life, has exploded. We have always processed food to be able to store it, but never to the extent that happens today. Much of that processing is not visible to consumers, and its nutritional impact is unappreciated. For example greater processing of flour to meet standards to make machine made loaves, and high temperature steaming of whole grain cereal products, arguably has significant negative impact on a range of nutrients over and above those that are added back. The essential problem is that these heavily processed foods are now year round staples for many, particularly those on the lowest incomes.

The lecture also goes on to look at then views on nutritional status globally and in the UK, noting that many were likely deficient and the logical consequence was increases incidence of disease and infection. Arguably little has changed, as studies suggest many people are now known to be deficient in a range of nutrients.

"We have, too, the authority of the Committee on Nutrition set up by the British Medical Association (1933) that 'a shortage of calcium, phosphorus and iron is not uncommon' in the diets of the people of this country. Let us, for a moment, refer back to my second lecture and see again what this not uncommon shortage means. It means, or may mean according to the degree of shortage, impairment of every vital function, stunting of growth, poor physique, poor bone formation, softening of bone, rickets (not necessarily of the florid type), tooth decay, crooked spines, impairment of muscular efficiency, including that of the gastro intestinal tract and heart, abnormal response of the nerves to stimuli, tetany, disturbance of menstruation and lactation, disturbance of the neutrality of the body and of the interchange of body fluids, anaemia and all its attendant consequences. This is what a shortage of calcium, phosphorus and iron means. And if with these we are to include a shortage of vitamins A and D, as the Report of the Chief Medical Officer of Health suggests we may, and of vitamins B and C—as there is good reason to believe we should—then to these consequences of mineral shortage there are to be added those of vitamin shortage, in themselves a formidable array and not the least important of which is lowered resistance to local infections.

1934 Major General Sir Robert McCarrison

To those who do not know what the shortage of these essentials means, the mere statement that it commonly exists is not impressive. But to those who do—and you are now amongst that number, if you were not so before—it must be obvious that faulty food is directly or indirectly responsible for a very large proportion of ill health to-day. If it be not, what then is its cause? You may search in vain for a more satisfying explanation of it."

This is arguably as applicable in 2016 as in 1934, albeit the goal posts may have moved; as a generality people have access to greater calories, and are still lacking essential nutrients.

"the newer knowledge of nutrition is the greatest advance in medical science since the days of Lister. When physicians, medical officers of health and the lay public learn to apply the principles which this newer knowledge has to impart . . ."

However in 2016 most doctors receive very little nutritional training. A paper titled **"The State of Nutrition Education at US Medical Schools"** **(Link)** said:

"Purpose. To assess the state of nutrition education at US medical schools and compare it with recommended instructional targets. Method. We surveyed all 133 US medical schools with a four-year curriculum about the extent and type of required nutrition education during the 2012/13 academic year. Results. Responses came from 121 institutions (91% response rate).

Most US medical schools (86/121, 71%) fail to provide the recommended minimum 25 hours of nutrition education; 43 (36%) provide less than half that much.

Nutrition instruction is still largely confined to preclinical courses, with an average of 14.3 hours occurring in this context. ***Less than half of all schools report teaching any nutrition in clinical practice; practice accounts for an average of only 4.7 hours overall.***

Seven of the 8 schools reporting at least 40 hours of nutrition instruction provided integrated courses together with clinical practice sessions.

Conclusions. Many US medical schools still fail to prepare future physicians for everyday nutrition challenges in clinical practice. It cannot be a realistic expectation for physicians to effectively address obesity, diabetes, metabolic syndrome, hospital malnutrition, and many other conditions as long as they are not taught during medical school and residency training how to recognize and treat the nutritional root causes."

The situation is likely only a little better in the UK.

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A press release **(Link)** in may 2014 referring to the then **National Diet and Nutrition Survey (NDNS)** data by Health for England included the following observations:

"vitamin D: blood analyses showed evidence of low vitamin D status in 23% of adults aged 19 to 64 years and 22% children aged 11 to 18 years over the year as a whole. This increases to 40% for both in the winter months. iron: 46% of girls and 23% of women had low iron intakes."

Dr Alison Tedstone, Chief Nutritionist at PHE, said in 2014:

"The data released today provides compelling evidence that we all need to make changes to our diet to improve our health, especially for teenagers. Eating a healthy diet…. will help you to maintain a healthy weight and lower your risk of developing heart disease, type 2 diabetes and some cancers.

The findings, from the 4 years covered by the survey, confirm that eating habits do not change quickly. It is clear that we all need to work together to help people improve their diets; this data will help PHE to target its work in the most effective way."

Major General Sir Robert McCarrison said in the 1930s
Building of an A1 Nation

"If I have convinced you of the fundamental importance of food in relation to public health, it will have become obvious that one of the most urgent problems of our time is how to ensure that each member of the community shall receive a diet that will satisfy his or her physiological needs. It is clear that to achieve this much-to-be-desired end many barriers—poverty, unemployment, apathy, ignorance, prejudice, habit – must be surmounted, and many interests—agricultural, industrial and economic—readjusted.

To do so is, in the main, a primary function of Government. For, as Carlyle expresses it: 'Wherever the health of the citizens is concerned … all governments that are not chimerical make haste to interfere.' During the recent election campaign one read of plans for 'the building of an A1 nation'; ante-natal, child-welfare and maternity services were to be improved and extended; nursery schools for children under school age were to be actively encouraged; increased facilities for treatment, particularly dental treatment, were to be provided ; orthopedic centers and open-air schools were to be formed; the medical insurance scheme was to be extended to include persons of younger age; physical education was to be undertaken. All these are well enough—and laudable; they are, indeed, essential parts of a properly organized policy of health.

But without measures that will ensure the better feeding of the people they cannot, like a diet inadequate in vitamins though complete in other regards, achieve the end in view 'the building of an A1 nation'. But while the main burden of achieving this end must rest on Government—and a heavy burden it is—there is much that individuals can do for themselves, much that the medical profession and the professions allied to it can do, much that the teaching profession can do, much that all people of education can do.

For they can make it their business thoroughly to acquaint themselves with the principles of nutrition, to practice these principles and to inculcate them in others. These principles are not difficult of comprehension, their practice is simple, and the benefits to be derived from their practice are sure. Fifteen years ago, in a book from which I have ventured to quote already, I wrote as follows: 'With increasing knowledge of nutritional problems, it has become apparent that our dietetic habits need remodeling, and that education of the people as to what to eat and why they eat it is urgently necessary.'

This sentiment is arguably even more applicable today.

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About McCarrison Society

The McCarrison Society was founded in 1966 by a group of doctors and dentists who were united in their belief, based on science, that whole fresh food is vital for good health, and that Western food, with its degradation of quality though; depletion of soils, plant breeding generally and industrialisation of livestock production without consideration of nutrient value, excessive processing, imbalances, heavily refined products including of fats and sugars, deficiencies, chemical additives and contaminants, are major causes of Western disease.

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